



MUTUAL TRUSTSM
LIFE INSURANCE COMPANY

A Pan-American Life Insurance Group Stock Company

1200 JORIE BOULEVARD
OAK BROOK, ILLINOIS 60523-2269
1-800-323-7320
WWW.MUTUALTRUST.COM

Request for Change of Ownership

Mutual Trust Life Insurance Company, a Pan-American Life Insurance Group Stock Company is requested and directed to amend Policy Number(s) _____

to provide that _____

shall be called the Owner, and shall, while the Insured is living, be vested with all rights conferred in this policy, including the right to change any beneficiary, provided, however, that the exercise of those rights of ownership will require the consent of any living irrevocable beneficiary.

Rights of ownership held by more than one Owner at the same time may be exercised only by joint action of all Owners. Upon the death of an Owner, the rights of the deceased Owner shall pass to the surviving owners in equal shares; unless otherwise designated.

Ownership of this policy may be changed at any time while the Insured is living by written request satisfactory to the Company. No change of Owner will be effective until it has been recorded at the Home Office of the Company. When recorded, the change will take effect as of the date it was signed, subject to any action taken or payment made by the Company before recording.

The word "Insured" shall also mean "Annuitant", the singular shall include the plural, and the plural the singular, where the context so requires. If any trustee is designated Owner, the Company may act on the direction of the trustee without inquiring into the authority of the trustee.

This request does not constitute any change of beneficiary or mode of payment as a death benefit under the policy and is subject to any existing assignment of record with the Company. Any payments which become due under this policy while the Insured is living will be made to the Owner, except that any provision which now expressly provides for payment to the Insured as a life income or annuity shall not be available to the Owner if the Owner is other than the Insured. This request includes and is subject to the foregoing provisions and the provisions of the policy. This request must be signed by the person or persons who have the rights of ownership under the terms of the contract, by an assignee, or by any other party who may have an interest in the contract by legal proceeding or statutes.

Mutual Trust Life Insurance Company is requested to make the above provisions a part of the policy. I hereby indemnify Mutual Trust Life Insurance Company and hold it harmless from all claims, demands, and judgments arising out of this request.

Date Signed _____ **at** _____
(month, day, year) (city, state)

Witness

Signature of Present Owner

New Owner's Tax Identification Number Certification

Tax identification Number: _____ **Date Of Birth:** _____

Individual (SSN) Corporation Partnership Trust or Grantor

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct Tax Identification number; and**
- 2. I am not subject to backup withholding because; (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.**

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

New Mailing Address:

Street Address

Signature of New Owner

City

State

Zip Code

Relationship of New Owner to Insured

For Home Office Use Only

This request has been recorded at Mutual Trust Life Insurance Company.

Date _____

By _____



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Instructions For Completing Ownership Designation

1. The full name of the Owner and relationship to the Insured should be filled in the blank space following the word "that".
2. If a married woman is named, her full given name should be used. For example, "Mary E. Doe," not "Mrs. John Doe".
3. Designate a successor Owner. As provided in the form, the rights of a deceased Owner (other than the Insured) will pass to his or her estate unless otherwise specified in the designation. The Insured should be named as the final Owner in any case where this effect is not desired.
4. Typical examples of the wording to be used in some of the more common designations are set out below. Where there is any doubt as to the proper wording, the Company will prepare the form on request.

Insured-Owner

"John E. Jones, the Insured"

Single Owner Other than Insured

"Martha Jones, Wife, while living; thereafter her estate" (or "thereafter the Insured")

Successive Owners

"Thomas Jones, Father, while living; thereafter Mary Jones, Mother, while living; thereafter the estate of the survivor of them" (or "thereafter the Insured")

Co-Owners

"Thomas Jones, Father, and Mary Jones, Mother, jointly or the survivor, while living; thereafter the estate of such survivor (or "thereafter the Insured")

"Peter Doe and Thomas Jones, Business Partners, jointly, or their respective estates"
(or "business associates", etc., as the case may be)

Trust Tax Identification Number

"The John M Smith Family Trust dated January 1, 2012" John M. Smith, trustee and provide the Trust TIN

Grantor SSN

"John M. Smith, ttee of the John M Smith Family Trust dated January 1, 2012" (or "Mark Smith, ttee of the John M Smith Family Trust dated January 1, 2012" and provide Grantor social security number). If the trustee named is different from the Grantor, you must provide the Grantor or Trust Tax ID number.

Corporation Owner

"Beacon Oil Company, a Massachusetts corporation of Boston Massachusetts, Employer" or
(or "business associate" or "creditor", etc., as the case may be)

Partnership Owner

"Paramount Products Company, a Partnership of Chicago, Illinois, Employer"
(or "business associate" or "creditor", etc., as the case may be)

Instructions For Signing Request

Who Must Sign - Present Owners:

This request must be signed by the person or persons who under the terms of the policy have rights of ownership.

How to Sign - Present Owners:

All signatures must be in ink and each signature must be witnessed by a disinterested person. If signed by: (1) a corporation, the full corporate name should be written and this should be followed by the signatures and titles of two officers authorized to sign in its behalf, and the corporate seal attached. (2) a partnership, the full name of the partnership should be written followed by the signatures of all partners, (3) an "X" mark or in foreign characters, the signature must be witnessed by two witnesses and the address of such witnesses given.

Signatures of New Owners:

This request should also be signed by the new Owner or Owners and the proper mailing address stated in the spaces provided.